

HIRSP Electronic Claims Submission

If you currently submit claims to WPS electronically for their commercial business, you will be able to include your HIRSP health claims within the same submissions. No additional paperwork will be required. <u>You can start filing HIRSP claims electronically</u> with WPS on March 21, 2005.

Advantages of Electronic Submission of Claims

When it comes to filing your HIRSP health claims, there is nothing more important than choosing a method that is fast, efficient, and cost effective. This is why HIRSP strongly encourages health care providers to file their claims electronically. Electronic filers receive these benefits:

- Faster claims processing and payment
- Greater data accuracy
- Immediate verification of claims received
- Elimination of paper handling and potential loss of paper documents
- Faster posting of accounts receivable using the HIPAA electronic remittance transaction

Providers who are interested in filing their claims electronically to the new HIRSP administrator, WPS, have four options to choose from:

- Option 1: Obtain WPS PC-Ace Pro32 software (free)
- Option 2: Choose a vendor who has written software for claims submission to the WPS EDI program
- Option 3: Utilize a third-party biller (billing service or clearinghouse)
- Option 4: Write your own WPS EDI program

If you are submitting your claims on paper, please contact WPS' HIRSP EDI department at 1-800-782-2680 to obtain information on how you can begin submitting claims electronically, or visit the EDI section of the WPS Web site at: http://www.wpsic.com/edi/comm_sub.shtml to obtain enrollment materials.

Paper Claims Submission

If your office is unable to submit electronic claims at this time, you may send your paper claims starting March 14, 2005 to the following new address: HIRSP, PO Box 8961, Madison, WI 53708-8961.

Medicare Crossover Claims

It is our intent that health claims for HIRSP policyholders with Medicare coverage will be electronically crossed from Medicare to WPS. Please do not submit duplicate claims when the Medicare provider remittance indicates that the claim was crossed over.